

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Complete if Known

<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/531,767
		Filing Date	10/22/2003
		First Named Inventor	Eva-Maria Dusterhoft
		Examiner Name	Andrew E. Krause
		Art Unit	1781
	TOTAL AMOUNT OF PAYMENT (\$ 130)	Attorney Docket	0470 - 051057

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/>	Charge fee(s) indicated below
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
<input checked="" type="checkbox"/>	Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	- 20 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	- _____	= _____	x _____	= _____	_____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	- 3 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- _____	= _____	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

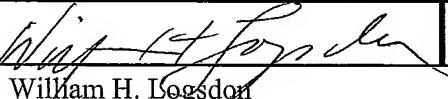
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Petition for Extension of Time-1 month	\$130

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 22,132	Telephone 412-471-8815
Name (Print/Type)	William H. Logsdon	Date	September 24, 2010